

Name in Full

Certificate of Death

Annie M. Atkins

Town

County

Died at

St. Martins

MARYLAND

Date 19	02	Month	Day	Y.	M.	D.	Native of	Occupation
6	4			Age	9	11	2	—
Male	White	Married	Widow	Divorced				
Female	Colored	Single	Widower	Number of children living				

Husband  
of  
WifeFather's  
Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Geo H Blake

Town

County

MARYLAND

Died at

Andover Hill Worcester

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

June 23

Age

60 - -

Worcester Farmer

Male

~~White~~

Married

~~Widow~~

Divorced

~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living 9

Husband

of

Sallie Johnson

Wife

Father's

Mother's

Name

Geo Pennell

Maiden Name

Mary Blake

Cause of

Primary

How long sick

2 days

Death

Immediate

unknown 1902

Accident, Suicide, Homicide

Reported by

William S Williams

Address

Snow Hill

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Mary Carey

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

6 14

Age 24

Maryland

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

How long sick

Cause of

Primary

Death

Immediate

Accident, Suicide, Homicide

Reported by

C. J. Evans Son

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

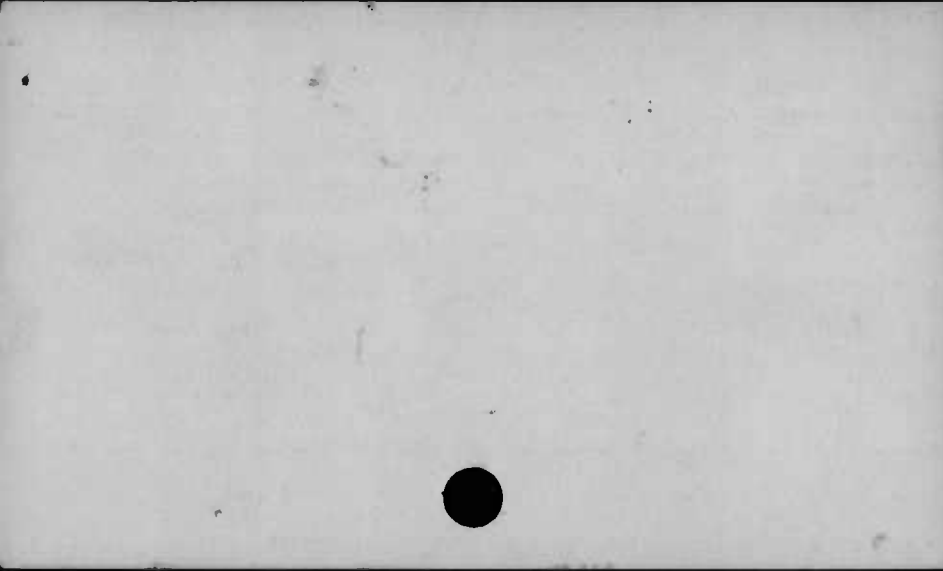


Died at		Town <i>Indian</i>		County <i>Chatham</i> <i>Worcester</i>		MARYLAND	
Date	1902	Month	Day	Y.	M.	D.	Occupation
		6	28				
Age	-		8		-10		
Male	White	<del>Married</del>	<del>Widow</del>	<del>Divorced</del>			
<del>Female</del>	<del>Colored</del>	Single	Widower	Number of children living			
Husband	of						
Wife							
Father's	Name			Mother's			
	<i>Edward Chatham</i>			<i>Sarah Chatham</i>			
Cause of	Primary	How long sick					
		<i>10 days</i>					
Death	Immediate	<i>Enterocolitis.</i>					
		<del>Accident, Suicide, Homicide</del>					

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Mrs George Crapper

Town

County

Died near Berlin

Worcester Co

MARYLAND

Date 19 02

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 02

6

Age

74

Wor. Co

Housewife

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

4

Husband of

Wife of George Crapper

Father's

Mother's

Name

Maiden Name

81

Cause of

Primary

Probably Arteriosclerosis

How long sick

Death

Immediate

Pulmonary Embolism

Accident, Suicide, Homicide

Reported by

C. W. Dickinson M.D.

Address

Berlin Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



*Peter Dale Daughter* Col Not Named  
 Town County

Died at

*Belleville**Worcester*

MARYLAND

Date 19

02

June

Month

Day

Age

Y.

M.

D.

Native of

Occupation

Date 19

02

June

Day

Age

Y.

M.

D.

Native of

Occupation

~~Male~~

White

Married

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband  
of

Wife

Father's

Name

*Peter Dale*

Mother's

Maiden Name

*Maude Dale*

Cause of

Primary

*Hoof**9*

How long sick

*5 days*

Death

Immediate

*No*~~Accident, Suicide, Homicide~~

Reported by

*Dr. J. R. White**J. R. White*

Address

*Belleville Del**Belleville Del*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

*And*



Name in Full

Certificate of Death

Name in Full *Harry Davis Child*  
 Died at *Berlin* Town *Morristown* County *MARYLAND*

Date 19*02* Month *June* Day *14* Y. *10* M. *10* D. *10* Native of *Md* Occupation   
 Male *White* ~~Married~~ *Single* ~~Widower~~ *Widower* ~~Divorced~~ *Divorced*  
 Number of children living *1*

Husband of  
Wife

Father's Name  Mother's Maiden Name

Cause of Death { Primary *accident* Immediate *166* } How long sick   
 Accident, Suicide, Homicide

Reported by *W. J. Brown & son*  
 Address *fundamental*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Der heilige Hieronymus

Bischof

und

Name in Full *Ferry Duncan*  
 Town *Whitelyville* County *Mercer* MARYLAND  
 Died at *Whitelyville*  
 Month *June* Day *28* Y. *2* M. *2* D. *2* Native of *md* Occupation *None*  
 Date 19*03* *June* *28* Age *2*  
 Male ☒ White ☒ Married ☒ Widower ☒ Divorced ☒  
 Female ☐ Colored ☐ Single ☐ Number of children living *None*  
 Husband of \_\_\_\_\_  
 Wife \_\_\_\_\_  
 Father's Name *Arthur Duncan* Mother's Maiden Name *Cecory Duncan*  
 Cause of Death { Primary *Spasms* How long sick *5 days*  
 { Immediate *No* Accident, Suicide, Homicide  
 Reported by *Parthena Weston* *By Rayne*  
 Address *Selbyville Del* *Bishopville*  
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. *md*





*Julia Holland*  
 Town County

Died at *Pocomoke city Worcester* MARYLAND

Date 19 *02 Jun 9* Month Day Y. M. D. Native of *Pocomoke* Occupation *infant*

Age *1 4*

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female Colored Single Widower Number of children living

Husband of \_\_\_\_\_  
 Wife

Father's Name *Perry Holland* Mother's Maiden Name *Mary Taylor*

Cause of Primary *Malarial Fever* How long sick *1 week*

Death Immediate *Congestion Cerebral* Accident, Suicide, Homicide

Reported by *J. J. Quinn*

Address *Pocomoke city Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Hettie Laws

Town

County

Died at

Becomoke

Worcester

MARYLAND

Date

1902

Month

Day

June 11

Age

73

M.

D.

Native of

Occupation

Maryland Housewife

~~Male~~~~White~~~~Married~~

Widow

~~Divorced~~

Female

Colored

Single

~~Widow~~~~Number of children living~~

Husband

of

~~Wife~~

Father's

Name

Elijah Waterhouse

Mother's

Name

Eliza Waterhouse

Cause of

Primary

Paralysis

Death

Immediate

Paralysis

How long sick

Two years

~~Accident, Suicide, Homicide~~

Reported by

Isaac J. Costen

Address

Becomoke City



*Margaret S. Last - Matthews*

Died at *Near Beacon City, Worcester* Town County MARYLAND

Date 19*12* Month *6* Day *1* Y. M. D. Age *1* Native of *Ind* Occupation

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~Number of children living *13*

Husband of *Wm S. Matthews*  
Wife

Father's Name *Wm H. Matthews* Mother's Maiden Name *Margaret Freeman*

Cause of Death { Primary *Still Born* How long sick

Death { Immediate *D* Accident, Suicide, Homicide

Reported by *Wm S. Matthews*

Address *Beacon City -*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

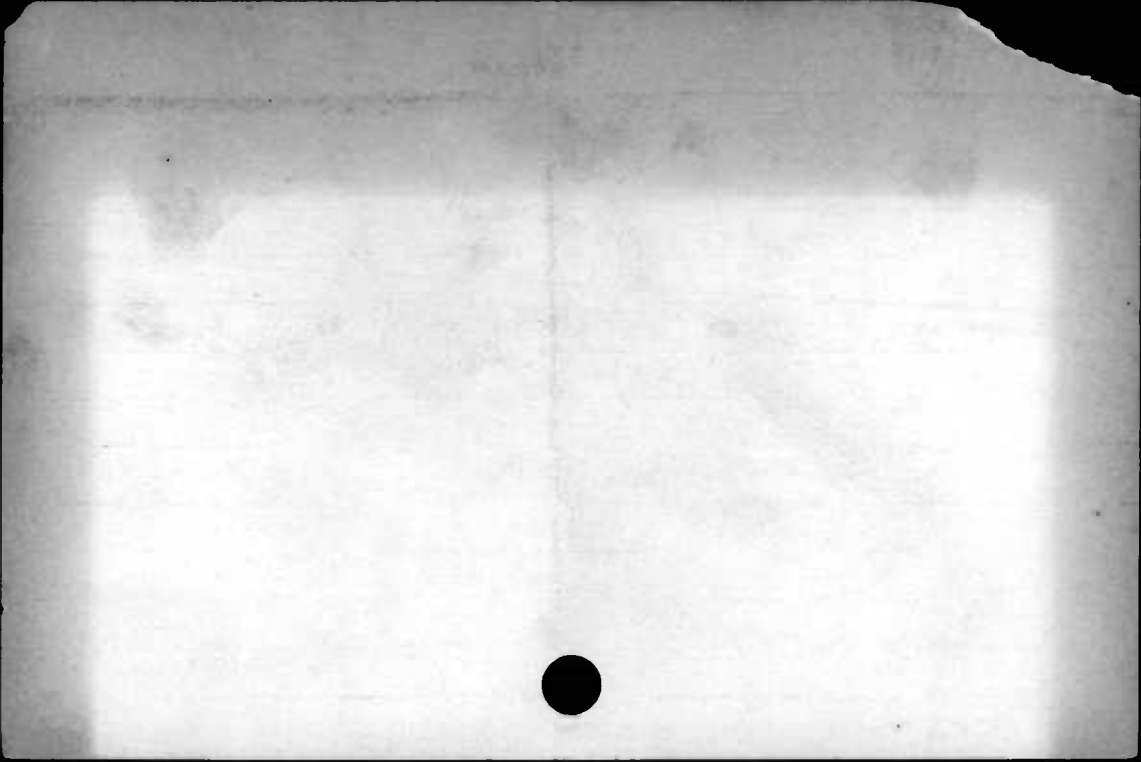
MARYLAND

Died at <i>Paromoke City</i>		County <i>Worcester</i>	
Date of death 190 <i>2</i>	Month <i>Jun</i>	Day <i>20</i>	Age <i>93</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Months <i>3</i>	Days
Married, Single or Widowed <i>Single</i>	Occupation <i>Spinster</i>	Birth-place <i>Worcester Co</i>	
Name of Wife or Husband			
Father's Name <i>Handy Mills</i>		Father's Birthplace <i>Worcester Co</i>	
Mother's Maiden Name <i>Margaret Harris</i>		Mother's Birthplace <i>" "</i>	
Name of person giving information <i>Amanda Linn</i>		How related to deceased <i>Niece</i>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cholera Morbus &amp; Dysentery</i>	How long <i>11 days</i>
Immediate <i>exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>[Signature]</i>
	Address <i>[Address]</i>
Accident or Suicide?	





Name in Full

John D. Mitchell

Died at *Kelley Springs* Town *Worcester* County **MARYLAND**

Date 1902 *6* Month *14* Day *Y. M. D.* Age *About 87* Native of *Ind* Occupation *Farmer*

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widower ☐ Divorced ☐ Number of children living *—*

Husband of *Margaret Farr*

Father's Name *Samuel Mitchell* Mother's Name *154*

Cause of Death { Primary *Arterio-sclerosis* How long sick *Several months*

Death { Immediate *—* Accident, Suicide, Homicide

Reported by *Chas. J. Dunning M.D.*

Address *Gudletts Worcester Co.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Edward. James. Purnell

Town

County

Died at

Snow Hill

Worcester

MARYLAND

Date 19

02

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

June 2-5

Age

X

137-14

Domestic

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Glen Henry

Mother's

Maiden Name

Lavella Purnell

Cause of

Primary

How long sick

12 months

Death

Immediate

Thrush 100

Accident, Suicide, Homicide

Reported by

William S. Williams

Address

Snow Hill

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



*Jacob Russell Child*  
 Town *Synepusant* County *ind* MARYLAND

Died at *Synepusant* *ind* MARYLAND  
 Date 19 *02* Month *June* Day *24* Y. *19* M. *ind* D. *ind* Native of *ind* Occupation *—*  
 Male *White* Married *Widow* Divorced *—*  
~~Female~~ *Colored* Single *Widower* Number of children living *4*

Husband of *—*  
 Wife *—*  
 Father's Name *Jacob Russell* Mother's Maiden Name *—*

Cause of Death { Primary *—* Immediate *—* How long sick *179*  
 Accident, Suicide, Homicide

Reported by *L. J. Evans & son*  
 Address *undertaker*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

No Separation ~~of~~ H. C.

Name in Full

Certificate of Death

William Selby

Town

County

Died Near Pocomoke

Worcester

MARYLAND

Date 1902 June 16 Y. M. D. Age 44 Native of Maryland Occupation Farmer

Male ~~Female~~ Married ~~Widow~~ ~~Divorced~~ Number of children living 4

~~Female~~ Colored ~~Single~~ ~~Widower~~

Husband of Amanda Coosten

Father's Name Unknown

Mother's Name Unknown

Cause of Death Primary Bright's Disease 120 How long sick Six Months

Immediate Heart Failure & Dropsy Accident, Suicide, Homicide

Reported by Isaac T Coosten

Address Pocomoke Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968





Name In Full

Certificate of Death

Thomas Howell

Town

County

Died at

near St-Martin Worcester

MARYLAND

Date 19

02

Month

Day

Age

Y.

M.

D.

Native of

Occupation

6 17

22 - -

Worcester Farmer

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Thos.

Mother's

Maiden Name

Mary

Cause of

Primary

Consumption

How long sick

6 mo

Death

Immediate

Accident, Suicide, Homicide

Reported by

Wm Partley

Address

Conseville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998



Name in Full

Certificate of Death

Lois L. Strickland

Died at <sup>Town</sup> Kly <sup>County</sup> Worcester MARYLANDDate 1902 <sup>Month</sup> 6 <sup>Day</sup> 18 | Age <sup>Y.</sup> 13 <sup>M.</sup> 11 <sup>D.</sup> 0 | <sup>Native of</sup> Md | <sup>Occupation</sup>

<del>Male</del>	White	Married	Widow	Divorced	
Female	<del>Colored</del>	Single	Widower	Number of children living	2

Husband of \_\_\_\_\_

Wife \_\_\_\_\_

Father's Name A. G. Strickland Mother's Name Effie L. Strickland

Maiden Name \_\_\_\_\_

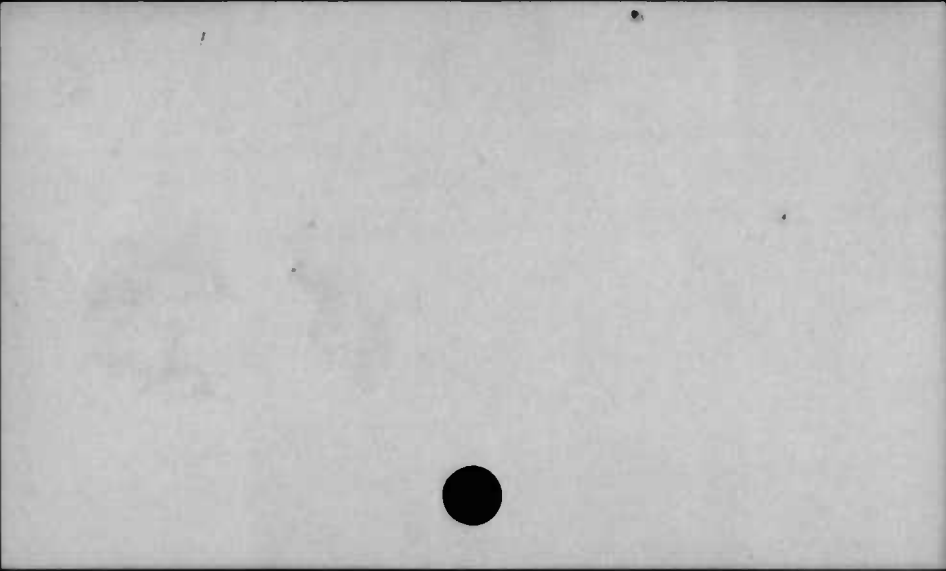
Cause of { Primary Typhomalarial Fever How long sick 2 Weeks

Death { Immediate Cardiac Failure Accident, Suicide, Homicide

Reported by C. H. B. \_\_\_\_\_

Address \_\_\_\_\_

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Roda Towne  
 Town County

Died at Baylerville Worcester MARYLAND

Date 19	02	June	30	Age	52	Native of	md	Occupation	House work
Male	White	Married	Widow	Divorced					
Female	Colored	Single	Widower					Number of children living	

Husband of  
 Wife of Asher Towne

Father's Name Garrison  
 Mother's Maiden Name Dora K. K. K.

Cause of	Primary	Respiration	How long sick	4 months
Death	Immediate	No	Accident, Suicide, Homicide	

Reported by Parthena Sweetser by Bayne

Address Selbyville Del Bishopville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full *Servil Ward*  
 Died at *Giddletown* <sup>Town</sup> *Monroeville* <sup>County</sup> **MARYLAND**  
 Date 1902 *6* <sup>Month</sup> *3* <sup>Day</sup> Age *50* <sup>Y.</sup> <sup>M.</sup> <sup>D.</sup> Native of *Ind* Occupation *Farmer*  
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widow ☒ Widower ☐ Divorced ☐ Number of children living *6*

Husband of *Elizabeth* *Boritt*  
 Father's Name *Joshua Ward* Mother's Maiden Name *Elizabeth Morris*  
 Cause of Death { Primary *Epileptic Insanity* How long sick *3 months*  
 { Immediate *hepatic* *69* Accident, Suicide, Homicide

Reported by *C. H. Bennett M.D.*  
 Address *Giddletown* *Monroeville, Co.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name In Full

Certificate of Death

Infant

Town

no name

County

Died at

Snow Hill

worcester

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

6 - 2

Age

- - 12

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

E. H. West

Mother's

Maiden Name

Fannie E. West

Cause of

Primary

How long sick

12 -

Death

Immediate

Accident, Suicide, Homicide

Reported by

W. T. Heame

Address

Snow Hill

Hd. ✓

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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